Abstract:

Purpose: To evaluate clinical safety and efficacy of the angiostatic agent anecortave acetate for treatment of subfoveal choroidal neovascularization secondary to AMD.

Methods: 128 patients were randomized to placebo treatment or one of three anecortave acetate doses. Study medication was administered as a posterior juxtascleral injection onto the posterior scleral surface. Best-corrected logMAR vision was obtained at Baseline and follow-up visits. Fluorescein angiograms were evaluated for eligibility prior to enrollment and post-treatment.

Results: Six months after a single treatment, visual acuity (mean change from Baseline logMAR values) was significantly better ($p = .0032$) after anecortave acetate 15 mg than placebo. More patients treated with anecortave acetate 15 mg than placebo maintained vision (88% vs. 70%, $p = .0799$), especially those with predominantly classic lesions (92% vs. 65%, $p = .0209$). Anecortave acetate 15 mg inhibited lesion growth significantly better than placebo ($p = .0005$). Trends favoring the other doses over placebo were observed for vision preservation and lesion inhibition, but statistical significance was not achieved. The Independent Safety Committee overseeing this study identified no clinically relevant treatment-related changes.

Conclusion: Anecortave acetate 15 mg is safe and effective for preserving or improving vision and for inhibiting lesion growth in patients with subfoveal AMD.